



# Immunize Utah

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Utah Department of Health Immunization Program

Spring 2002

## A Word on Vaccine Shortages...

**C**urrently, there are nationwide shortages of DTaP, Td/DT, MMR, Varicella, and Pneumococcal conjugate vaccines. These shortages, while seemingly large, have been only spotty in Utah and vary from region to region throughout the state. Some providers may have vaccines in stock, while other providers experience temporary delays in receiving ordered stock.

The MMR and Varicella shortages have resulted from two interruptions to manufacturing operations by Merck & Co., Inc., the only U.S. manufacturer of these products. According to the manufacturer, these situations should be resolved by summer 2002, which should allow children who are in need of these vaccines to receive them before school entry.

Manufacturers of DTaP foresee the shortage lasting into mid-2002. Aventis Pasteur is prioritizing their supply to the private sector, recently stating that later in the year (2002), DTaP (Tripedia) production will improve. GlaxoSmithKline has indicated that through 2002, DTaP (Infanrix) will be "tight." The Advisory Committee

on Immunization Practices (ACIP) has issued guidelines to address the shortage.

The Td shortage is expected to last until mid-to-late 2002 as well. If a child needs Td in order to complete a primary series, he or she should be referred to the local health department to

receive it. Please verify vaccine availability prior to referral.

Both public and private sectors have experienced Pneumococcal conjugate (Pneumovax) shortages in an equitable manner. Lederle reported that shipping on a regular basis will occur in June 2002, and vaccine supplies will be adequate by the end of the year.



There have been many inquiries as to statewide recommendations to address these shortages. While some providers have been temporarily inconvenienced, Utah has been fortunate enough to escape much of the problem in receiving these vaccines. **Therefore, Utah is not changing any requirement for children entering school or early childhood programs.**

The shortage situations are monitored closely and will be addressed further, if warranted. Meanwhile, record the names of those children who have had delays in administration of vaccines and recall them for immunizations when the vaccines become available.

To help you keep up with all the information on the shortage situation the Centers for Disease Control and Prevention (CDC) has created a web page titled "Current Vaccine Shortages" that will be updated weekly. [www.cdc.gov/nip/news/shortages](http://www.cdc.gov/nip/news/shortages)

The Immunization Action Coalition (IAC) also posted a related web page. The "Vaccine Shortage Information" page at [www.immunize.org/vacshortage](http://www.immunize.org/vacshortage) provides references and links to recommendations on shortages. It also lists phone numbers of vaccine companies to call for the most current information. Also check out the Utah Immunization Program web page for the latest shortages in Utah. [www.immunize-utah.org/public/vpdc\\_currentissues](http://www.immunize-utah.org/public/vpdc_currentissues) \*

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# Utah...we're not there yet!

**By Felicia Alvarez**  
**Assessment Coordinator**  
**Utah Immunization Program**

**E**ntering the year 2002, Utah's immunization rates were nationally ranked at 68% for 4 DTaP/DTP/DT (Diphtheria, Tetanus, Pertussis containing vaccine), 3 Polio, 1 MMR (Measles, Mumps, Rubella), 3 Haemophilus influenzae type b, and 3 Hepatitis B (4:3:1:3:3) vaccines by 2 years of age. This ranking was based on the Centers for Disease Control and Prevention's (CDC) 2000 data. This included Utah's private as well as public health clinic's immunization rates and was conducted by a random sampling of Utah children. The national goal for these series of vaccines (4:3:1:3:3) is 90% in 2002, and by those rates we can see that Utah is not there yet.

In 1999, Utah was nationally ranked at 22, tied with Mississippi with 81.7% of children immunized by age two. Why the big change from 81.7% to 68%? In 2000 the national goal for all antigens was 90%. These antigens included DTaP, Polio, MMR, Hib, and Hepatitis B. Previously, the national goal covered only DTaP, Polio and MMR. As physicians, nurses, and health care providers you may understand the difficulty in having parents agree to get so many vaccines for their children. This is one reason why our rates may have fallen. Another reason may be with the amount of vaccines given to children, not all vaccine administration instances are recorded, thus causing the rates to fall.

Like the national survey, the Utah Department of Health's Immunization Program, does its own annual assessment of state public health clinics throughout Utah. We have been conducting these assessments since 1995. Last year, 2001, 44 clinics were assessed for 4:3:1:3:3 status and results indicated that 87% of children immunized in

the public health clinics had completed their immunizations by 2 years of age.

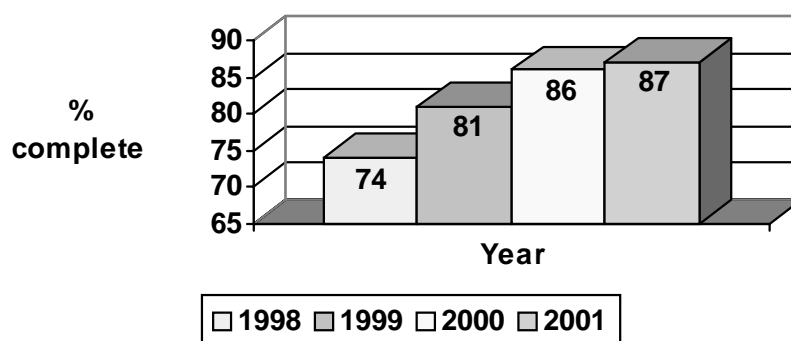
You may be wondering why the remarkable difference between the national and the state percentages. For one thing, the state assessment looks only at public health clinics. Over the years, through education and perseverance, many of the public health clinics have made increased efforts to document all immunization histories, not just those given in their clinics. Although this may seem like a lot of work, their efforts have paid off. When we did our first assessment in 1995, Utah's immunization rate was 63% (based on an assessment of 4 DTaP, 3 Polio, and 1 MMR). Public health clinics have come a long way.

How can we increase the rates for public and private clinics combined? The state immunization program, has in the past couple years, been conducting immunization record assessments in private provider offices as well. This assessment, using a computer software program supplied through CDC, allows the state to get a baseline reading for the provider office. From looking at the rates and the charts, we are able to see what, if any, problems the clinic is having with documentation, missed opportunities (coming to the clinic, but not receiving all the vaccine that the patient can receive at one time), follow-up, or administration of the vaccines. The percentage range for private provider offices for the year 2001 was from 0% to 97% (avg. 36%). Thirty-nine clinics were assessed, both rural and urban.

If you are interested in your office's immunization rates, please don't hesitate to call Felicia Alvarez or your

regional representative at 801-538-9450. What we show you could be a real eye-opener! \*

**Percent Completing 4:3:1:3:3 at 24 months**  
**Progress Toward the Year 2010 Goal**  
**Utah Public Health Clinics**



# 10 Things You Can Do to Raise Immunization Rates in Your Practice

**M**any factors contribute to inadequate immunization rates, an important one is the protocol followed in a physician's office. Relatively simple changes in office procedures have the potential to boost and maintain good immunization rates among the children in your practice. Here are some ideas:

1. Ensure that ALL immunizations, regardless of source, are recorded in the patient record in your office. Including Hepatitis B shots given at the hospital.
2. Add an immunization administration form to your charts and record immunizations there as well as in the visit notes. Keep the record at the front of patient's chart.
3. Institute a tracking system to remind patients who are due or overdue for immunizations (telephone or postcards).
4. Administer simultaneously all vaccine doses for which a child is eligible at the time of each visit.
5. Give immunizations at visits other than well-child visits. Develop a policy so that immunization status is reviewed and immunizations are provided during every encounter with a child. Make every visit count!
6. Follow only true contraindications to immunizations.
7. Institute physician reminders that a patient is due for immunizations (chart stickers, flag chart). Especially if a patient has been delayed due to a contraindication.
8. Establish a policy to make an appointment for the next immunizations before the child leaves the office.
9. Join the Utah Statewide Immunization Information System (USIIS).
10. Have your VFC regional representative conduct an annual immunization assessment to establish the up-to-date coverage levels in your office.

Watch for more ways you can increase immunization rates in upcoming newsletter editions!



## Mark Your Calendars !

National Public Health Week April 1-7

National Infant Immunization Week April 14-20

36th National Immunization Conference April 29- May 2  
Denver, CO

Location: Adam's Mark Denver Hotel in Denver, Colorado

<http://www.cdc.gov/nip/NIC/default.htm>

(For additional information on the conference, go to this web site)

Immunization Coalition Building Conference June  
(more details to come)

## CDC Satellite Broadcasts

Immunization Nursing Issues June 27

Continuing education credits are offered for each broadcast.  
For more info. contact Becky Ward at (801) 538-9450.

## Utah Infant Immunization Week



Vaccines are among the 20<sup>th</sup> Century's most successful and cost-effective public health tools available for preventing disease and death. Immunizations have reduced the level of most vaccine-preventable diseases by more than 99 percent.

Join with us as we recognize Utah's accomplishments in conjunction with **National Infant Immunization Week (NIIW), April 14-20, 2002**. NIIW is an annual observance that highlights the importance of timely immunizations and efforts performed throughout the year to raise coverage levels.

Two of Utah's most significant accomplishments are improvements in the immunization levels among two years olds, from 64% to 77%, and the development of the Utah Statewide Immunization Information System (USIIS), a computerized information system that maintains immunization records.

Immunization is a simple way to protect children from infectious diseases. Children need 80% of their immunizations in the first 2 years of life to protect them against disease, disability and even death. Celebrate NIIW and remember to "Immunize by Two - It's Up to You!"

For more information on NIIW activities, contact Becky Ward at 801-538-9450. ☎

# Planning a Trip Abroad?

**Carlie Shurtliff**  
**Adult Immunization Coordinator**  
**Utah Immunization Program**

**V**accine needs vary considerably from country to country but the best place to start is with the recommended vaccine schedules for children and adults. In Utah, some vaccinations are required for school entry. However, most of the vaccines that are routinely administered in childhood require periodic booster doses throughout life to maintain an effective level of immunity. Adults often neglect to keep up the recommended schedule of booster vaccinations, particularly if the risk of infection is low. Additionally, some adults have never been vaccinated at all. It is important to realize that diseases such as diphtheria and poliomyelitis, which no longer occur in most industrialized countries, many be present in those visited by travelers. Pretravel precautions should include booster doses of routine vaccines if the regular schedule has not been followed, or a full course of primary

immunization for people who have never been vaccinated.

Additional vaccines are advised on the basis of a travel risk assessment for the individual traveler. In deciding which vaccines are appropriate, the following factors should be considered for each vaccine:

- risk of exposure to the disease
- age, health status, vaccination history
- special risk factors
- reactions to previous vaccine doses, allergies
- risk of infecting others
- cost

Mandatory vaccination, as authorized by the International Health Regulations, now concerns only yellow fever. Yellow fever vaccination is carried out for two different reasons:

1. to protect the **individual** in areas where there is a risk of yellow fever infection, and
2. to protect vulnerable **countries** from importation of the yellow fever virus.

Category	Vaccine/Chemoprophylaxis
1. <b>Routine</b> vaccination	Diphtheria/tetanus/pertussis (DtaP) or tetanus/diphtheria for age 7+ (Td) Hepatitis B (HBV) <i>Haemophilus influenzae</i> type b (HIB) Measles, Mumps, Rubella (MMR) Poliomyelitis (IPV)
2. <b>Selective</b> vaccination/chemoprophylaxis determined by destination and risk factors	Cholera Influenza Hepatitis A (HAV) Japanese encephalitis Malaria Meningococcal meningitis Pneumococcal disease Rabies Tick-borne encephalitis Tuberculosis (BCG) Typhoid fever Yellow fever (for individual protection)
3. <b>Mandatory</b> vaccination	Yellow fever (for protection of vulnerable countries) Meningococcal meningitis (for Hajj, Umra)

Travelers should therefore be vaccinated if they visit a country where there is a risk of exposure to yellow fever. They **must** be vaccinated if they visit a country that requires yellow fever vaccination as a condition of entry: this condition applies to all travelers who arrive from (including airport transit) a yellow fever endemic country.

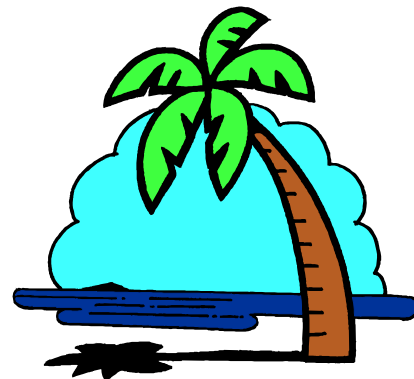
Travelers should be provided with a written record of all vaccines administered (patient-retained record), preferably using the international vaccination certificate (which is required in the case of yellow fever vaccination).

To find out which immunizations are needed for the region you will be visiting, you may go to the CDC Travel website at: <http://www.cdc.gov/travel>. You will find a wealth of travel information at this site, such as food and water recommendations, disease outbreak areas, recommended precautions and much more. It's a great place to start, when planning a trip.

Routine adult and childhood vaccine recommendations, required shots for LDS missionaries, a list of travel clinics throughout the state and other valuable

travel information can be accessed through the Utah Immunization Program website: <http://www.immunize-utah.org>.

You may also call the **Utah Immunization Program Hotline** at **1-800-275-0659** for additional questions or information.



If you are planning on traveling out of the country, make sure your immunization needs are assessed and your vaccinations are completed in plenty of time to assure immunity. Most vaccines build immunity in approximately one week to ten days. However, immunizing against some diseases requires multiple vaccinations and may take six months or more to complete. Be sure to find out which vaccines you will need as soon as you know your travel plans. **Remember that vaccine immunity may be the most important thing you bring with you!** ✿

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## ACIP Approves New Hepatitis B Guidance

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By Martee Hawkins, RN  
Perinatal Hepatitis B Coordinator  
Utah Immunization Program

**D**uring its October 2001 meeting, the federal Advisory Committee on Immunization Practices (ACIP) recommended for the first time that all US children be vaccinated at birth. This is the first comprehensive rewrite of its hepatitis B vaccination recommendations in a decade.

The draft approved by the ACIP states:

It is recommended that the first dose of vaccine be administered soon after birth and before the infant is discharged from the hospital. Immunization can be administered to infants of HBsAg negative mothers between the newborn period and no later than two months of age. . . . Infants (including premature infants) born to mothers whose HBsAg status is un-

known at the time of delivery should receive the first dose of hepatitis B vaccine within 12 hours of birth.

ACIP is stating a preference for the birth dose of Hepatitis B vaccination. However, it is acceptable to begin the hepatitis B series between birth and two months of age for infants of mothers documented to be HBsAg seronegative. This preference for the birth dose is an important step in hepatitis B prevention.

Many hepatitis experts see the birth dose as a "fail safe" measure against lack of maternal testing and errors in maternal testing and interpretation of test results.

The new recommendations will become official when they are published in the *Morbidity and Mortality Weekly Report*



# 2002 Care-A-Van Schedule

The Care-A-Van travels throughout the state every April through September. Immunizations are free for children ages 2 and under and are only \$5.00 per shot for all other children needing school-required immunizations. (Parents should bring their child's immunization record.)

## April 2002

April 5, Fri.

Tiny Tots Health Fair  
Millcreek High School  
2410 Riverside Dr., **St. George**  
9 – 1pm

April 11, Thurs.

Logan School District  
101 W. Center, **Logan**  
9 – 2pm

April 16, Tues.

Healthy Sandy Community Project  
Sandy Elementary  
8725 S. 280 E., **Sandy**  
4 – 7pm

## May 2002

May 7, Tues.

Altara Elementary  
800 E. 11000 S., **Sandy**  
9:30 – 11:30am

May 9, Thurs.

Southland Elementary  
12575 S. 2700 W., **Riverton**  
1 – 3pm

May 11, Sat.

Davis County Safe Kids Fair  
Northridge High School  
2430 N 400 W., **Layton**  
10 – 2pm

May 13, Mon.

Health & Safety Fair  
Knowlton Elementary  
801 Shepard Lane, **Farmington**  
6 – 8pm

May 14, Tue.

Columbia Elementary  
3505 W. 7800 S., **West Jordan**  
1 – 3pm

May 14, Tue.

Healthy Sandy Community Project  
Edgemont Elementary  
1085 E. 9800 S., **Sandy**  
4 – 7pm

May 16, Thurs.

Jordan Ridge Elementary  
2636 W. 9800 S., **South Jordan**  
9:30 – 11:30am

May 21, Tues.

Brookwood Elementary  
8640 S. 2565 E., **Sandy**  
9:30 - 11:30am

May 30, Thurs.

Kinderland Day Care  
670 W. 400 N., **Orem**  
3 – 6:30pm

## June 2002

June 7, Fri.

Guadalupe Schools  
340 S. 1040 W. **Salt Lake City**  
12 – 3pm

June 11, Tues.

Healthy Sandy Community Project  
Park Lane Elementary  
9955 S. 2300 E., **Sandy**  
4 – 7pm

June 29, Sat.

Boys & Girls Club of Midvale  
7631 S. Chapel St., **Midvale**  
10 – 4pm

## July 2002

July 27, Sat.

Nibley Park Elementary  
2785 S. 800 E., **Salt Lake City**  
9 – 12pm

## August 2002

Aug. 2, Fri.

Ogden Junior League-Care Fair  
Ogden School District Office  
1950 Monroe Blvd., **Ogden**  
11 – 7pm

Aug. 3, Sat.

Ogden Junior League-Care Fair  
Ogden School District Office  
1950 Monroe Blvd., **Ogden**  
11 – 5pm

Aug. 8, Thurs.

Salt Lake Junior League-Care Fair  
Horizonte Center  
1234 S. Main, **Salt Lake City**  
4 – 8pm

Aug. 9, Fri.

Salt Lake Junior League-Care Fair  
Horizonte Center  
1234 S. Main, **Salt Lake City**  
12 – 8pm

Aug. 10, Sat.

Salt Lake Junior League-Care Fair  
Horizonte Center  
1234 S. Main, **Salt Lake City**  
9 – 5pm

Aug. 14, Wed.

Jackson Elementary  
750 W. 200 N., **Salt Lake City**  
8 – 12pm

Aug. 14, Wed.

Dilworth Elementary  
1953 S. 2100 E., **Salt Lake City**  
2 - 5pm

Aug. 20, Tues.

Healthy Sandy Community Project  
Sprucewood Elementary  
12025 S. 1000 E., **Sandy**  
4 – 7pm

Aug 21, Wed.

Layton Elementary  
369 W. Gentile, **Layton**  
9 – 1pm

## September 2002

Sept. 11, Wed.

Sandy Elementary  
8725 S. 280 E., **Sandy**  
4 – 7pm

Sept. 17, Tues.

Healthy Sandy Community Project  
Crescent Elementary  
11100 S. 230 E., **Sandy**  
4 – 7pm

Sept. 21, Sat.

Jordan Valley Medical Center Health Fair  
West Jordan City Park  
8000 S. Redwood Rd., **West Jordan**  
10 – 4pm

## October 2002

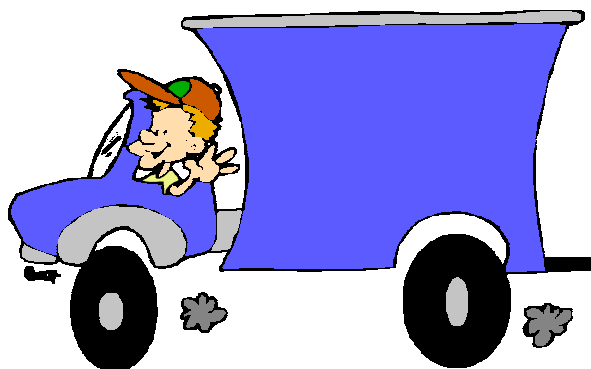
Oct. 15, Tues.

Healthy Sandy Community Project  
Peruvian Park Elementary  
1545 E. 8425 S., **Sandy**  
4 – 7pm

## November 2002

Nov. 3, Sat.

Healthy Sandy Community Project  
Jordan High School  
95 E. Beetdigger, **Sandy**  
9-12 pm



P.O. Box 142001  
288 North 1460 West  
Salt Lake City, UT 84114-2001



Check out our web-site's  
new look!

[www.immunize-utah.org](http://www.immunize-utah.org)

## What would happen if we stopped vaccinations?

**Cases of Vaccine-Preventable Diseases in the U.S.  
Reduced Dramatically in the Twentieth Century!**



Disease	Max. cases reported	Year max. reported	Ntl. Reported Cases 2000	Ut. Reported Cases 2000	% decrease
<b>Smallpox</b>	48,164 <sup>1</sup>	1900—1904	0	0	100%
<b>Diphtheria</b>	175,885	1921	1	0	100%
<b>Pertussis</b>	147,271	1934	7,867	47	94.7%
<b>Tetanus (lockjaw)</b>	1,314	1948	35	0	97.3%
<b>Polio (wild virus)</b>	16,316	1952	0	0	100%
<b>Measles</b>	503,282	1941	86	3	100%
<b>Mumps</b>	152,209	1956	338	7	99.8%
<b>Rubella</b>	47,745	1969	176	0	99.6%
<b>H. influenzae type b and unknown (&lt;5yrs)</b>	20,000 <sup>2</sup>	1984	112	11	99.4%
<b>Hepatitis B</b>	26,654	1985	8,036	37	69.9%

<sup>1</sup> Average annual number of cases during 1900-1904

<sup>2</sup> Estimated number of cases from population-based surveillance studies before licensure in 1995.